

Enrolling as a Non-Emergency Transportation Provider

To Begin the Application Process

Illinois Medicaid enrolls providers in the IMPACT system. Paper enrollment applications or updates are not accepted, and email is now the primary method for provider communication. IMPACT and more information about the enrollment process is available at:

<https://www.illinois.gov/hfs/impact/Pages/ProviderTypes.aspx>

The Transportation Services Provider Handbook is available at: [DEFINITIONS \(illinois.gov\)](#). Providers are responsible for compliance with all policy and procedures contained herein. The handbook also provides detailed descriptions and instructions about covered services as well as billing instructions.

Prior to starting an enrollment as a transportation provider, a certified W9 should be on file. Any provider who will be receiving state/federal funds directly from the Comptroller for services rendered or provided to Medicaid clients must have a certified W9 tax form on file with the State Comptroller. Complete a W9 form and then scan and email it to IMPACT.Help@Illinois.gov with the subject line “W9 approval needed”. IMPACT will then forward the W9 to the Illinois Comptroller to be reviewed and approved. The approval process takes approximately three weeks. You may contact the Department for verification of the W9 certification. Once the W9 has been certified, the enrollment may begin.

To begin the enrollment, go to <http://IMPACT.illinois.gov>. Anyone needing access to the IMPACT system will need to create a user I.D. and password through the single sign-on process. To begin, click on “Create New Account”.

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Login to your account

* = Required Fields

*User ID

*Password

Login

[Forgot your password?](#)
[Need Help?](#)

Don't have an account? [Create New Account](#)

A step-by-step presentation to create a new account is at:

<https://www.illinois.gov/hfs/impact/Documents/SingleSignOnProviders.pdf>. General questions about IMPACT and provider enrollment can be answered by calling 1-877-782-5565 (select options 1, 2, 1, 1)

Medicaid Enrollment by Non-Emergency Transportation Providers.

Non-Emergency Transportation Providers in Illinois who provide services with a Medicar, Service Car, Taxicab/Livery, or Private Auto can enroll as an “Atypical Agency”. To access the IMPACT provider portal, you must use an internet browser that is equivalent to the Internet Explorer 8 – or a more recent browser. A step-by-step presentation on how to do the enrollment is at:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/AtypicalAgency.pdf>

Step 1:

After logging into IMPACT, choose Enrollment Type (Atypical and Agency) then click on Submit. After clicking the Submit button you will be directed to the Basic Information Step.

☰ Enrollment Type
Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Service Provider
 - EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP)
 - Managed Care Network Provider Only
 - Managed Care Network Provider and EHR
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Contractor/MCO
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

Step 2:

Complete the Basic Information Step. Once all the information has been entered click “Confirm” and then “Finish” to complete this step.

☰ Basic Information
▲

Legal Entity Name: (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As)

Organization/Business Type: *

LLC (Disregarded Entity)

EN/TIN: *

NPI:

Contact Email Address:

Email-1: <input type="text"/> *	Email-2: <input type="text"/>
Email-3: <input type="text"/>	Email-4: <input type="text"/>
Email-5: <input type="text"/>	Email-6: <input type="text"/>

After successful completion of this step the system will generate a 14-digit Application ID that will be emailed to you. Application IDs are valid for 30 calendar days; applications must be completed and submitted to the State for review and will be used to track the status of the submitted application until the application has been approved.

Enrollment Timeline and Commitment

All transportation providers are required to update the license plate expiration dates upon annual renewal. New driver and driver safety training certifications will need to be updated, as applicable. Failure to annually update the license expiration dates will result in the inactivation of the account.

The enrollment into IMPACT is not a contract – it is an opportunity to bill Medicaid.

Email Addresses

Email is the primary mode of communication in the IMPACT system. Email addresses listed in IMPACT need to be current and associated to the individual(s) who will be acting on the provider's behalf. The IMPACT system can hold up to 10 different email addresses.

Information Needed for IMPACT Enrollment

When enrolling in IMPACT the following information will be needed to complete the application process:

Information on your organization, including the Primary Practice Location address, a Correspondence Location, a Pay-To Location, office hours, whether ADA accessible, language spoken, telephone number, and email address. This information is needed for all locations.

Vehicle Identification Numbers and license plates of every vehicle used to provide Medicaid services.

Contact information on each of the owners, including percent of ownership, social security number, address, telephone number, relationship between each owner.

Information about each owner's ownership interest in other entities reimbursable by Medicaid. It is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered in IMPACT.

Specific information, including dates of any adverse legal actions for each owner, including convictions, suspensions, revocations, or exclusions must be listed-even if they were expunged or appeals are pending.

Site Locations

When completing the Location Details section of the application, the Primary Practice location, Correspondence, and Pay-To addresses will need to be listed. The same address can be used for the Primary Practice, Correspondence and Pay-To addresses.

Location Details

Doing Business As: [Redacted] Location Code: 1 Location Type: Primary Practice Location

Phone Number: [Redacted] * Extn: [Redacted] Fax Number: [Redacted] Email Address: [Redacted]

Web Page: [Redacted] Communication Preference: Email

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close	AM/PM		AM/PM	Thursday:	08:00	AM/PM	06:00	AM/PM
Monday:	08:00	AM/PM	08:00	AM/PM	Friday:	08:00	AM/PM	06:00	AM/PM
Tuesday:	08:00	AM/PM	05:00	AM/PM	Saturday:	Close	AM/PM		AM/PM
Wednesday:	08:00	AM/PM	08:00	AM/PM					

Address List

Add Address

Address Type	Address	End Date
Correspondence	607 E Adams St, Springfield, ILLINOIS 62701	12/31/2999
Location	607 E Adams St, Springfield, ILLINOIS 62701	12/31/2999
Pay To	607 E Adams St, Springfield, ILLINOIS 62701	12/31/2999

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1

To list another Servicing Location address, click on Add and enter the address information for that location.

For Other Servicing Location, in addition to the location address itself, a Correspondence and Pay-To address is also required.

Application ID: 20201027401450 Name: Help At Home

Close Add To add/modify Pay To and Correspondence addresses, click on Location Type hyperlink.

Locations List

Filter By [] Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
[Redacted]	Primary Practice Location	607 E Adams St, Springfield, ILLINOIS 62701	12/31/2999

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Specialty/Subspecialty

When enrolling as an Atypical Agency, IMPACT will ask for the Provider Type, Specialty, and Subspecialty. It is recommended you use:

- Provider Type: Transportation-AA
- Specialty: Depending on what your license plates show. You can choose: Medicar, Service Car, Taxicab/Livery or Private Auto
- Subspecialty: No subspecialty

MANUAL FOR ENROLLING NETSPAP PROVIDERS INTO IMPACT

Manage Specialty/Subspecialty

Location: [REDACTED]

Provider Type: TRANSPORTATION - AA

Specialty: Service Car

Subspecialty: No Subspecialty

Status: Approved

Start Date: 11/06/2020 [icon] *

End Date: 12/31/2999 [icon]

Licenses

When completing the License section of the application, a Vehicle Identification Number (VIN) and a License Plate Number must be entered for each vehicle being used to provide the service in your company.

License/Certification/Other List

Filter By [] And Filter By [] And Operational Status: Active [Go]

[Save Filters] [My Filters]

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> DRIVER'S LICENSE/STATE ID	[REDACTED]	[REDACTED]	Yes	06/18/2020	01/27/2026	APPROVED	Active	
<input type="checkbox"/> VEHICLE IDENTIFICATION NUMBER	[REDACTED]	[REDACTED]	Yes	07/21/2020	12/31/2999	APPROVED	Active	
<input type="checkbox"/> VEHICLE PLATE NUMBER	[REDACTED]	[REDACTED]	Yes	07/28/2020	06/30/2021	APPROVED	Active	
<input type="checkbox"/> AUTO INSURANCE	[REDACTED]	[REDACTED]	Yes	07/20/2020	07/20/2021	APPROVED	Active	

View Page: 1 [Go] Page Count [] SaveToXLS [] Viewing Page: 1 [First] [Prev] [Next] [Last]

In the license step, click the add button to begin adding licenses. Then click the drop-down menu next to “License/Certification Type” and select Vehicle Plate Number. Enter the license plate number and appropriate effective and end dates. After all information is entered, click on “Confirm License/Certification”, then click “Save”. This will be the same process to add the Vehicle Identification Number except choosing Vehicle Identification Number in the drop down. This will need to be done for every vehicle you are registering.

Mode of Claim Submission

One of the six options must be selected to indicate how to process claims.

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P-Professional (FFS), 837I-Institutional(FFS), 837D-Dental(FFS), 270/271-Eligibility/Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271-Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271-Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P-Professional (FFS/Encounter), 837I-Institutional(FFS/Encounter), 837D-Dental(FFS/Encounter), 270/271-Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 276/278-Prior Authorization Request/Response, 835-Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input type="checkbox"/> Direct Data Entry (DDE)	To submit FFS claims via online screens

Provider Controlling Interest/Ownership Details

Ownership entries must include at least one Managing Employee and one other ownership type. Owner Relationships and Owners Adverse Action questions will need to be answered for each owner listed.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited Liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By: And Filter By: And Operational Status:

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
<input type="checkbox"/>									No	95	Completed
<input type="checkbox"/>									No	0	Completed
<input type="checkbox"/>									No	5	Completed

View Page:

Viewing Page: 1

To add Ownership listings, click the “Actions” drop-down and choose “Add Owner”. Click the drop-down menu next to “Type” and choose the owner type. Fill out the information that is required and click “Validate Address”. When all details are entered, click “Ok”. Repeat the process to add a “Managing Employee” and for any other owner the entity has.

Complete Enrollment Checklist

All questions in the enrollment checklist must be answered either “yes” or “no” and comments made if directed to do so.

Manage Provider Checklist

Question	Answer	Comments
Are you ONLY enrolling to provide services related to COVID-19 emergency response? Answering Yes to this question will create a temporary enrollment that will end within six months from the termination of the public health emergency. If you want to enroll to provide ongoing services to Illinois Medicaid participants, you should answer No to this question.	Not Completed	
If you are an out of state provider that provided emergent care to an Illinois Medicaid participant, you can request a retroactive enrollment back to the date the services were provided. If yes, enter the requested date to be considered in the comment field. Enrollment applications must be submitted within 45 days of the date of service to be considered for a retroactive enrollment date.	Not Completed	
Do you wish to end date your enrollment? If yes, what date?	Not Completed	
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date.	Not Completed	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date.	Not Completed	
Have you been certified or recertified by Medicare within the last year? If yes, provide date.	Not Completed	
Have you been certified by another State's Medicaid Program. If yes, provide each state and effective date of certification.	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date.	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	Not Completed	
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If yes, provide details in "Add Ownership Details" step.	Not Completed	
Are you a Home Health Agency, DME, Medical, Taxi, Serv Car or Ambulance providing non-emergency Serv, have you had the required fingerprinting completed? If yes, with what vendor and date?	Not Completed	
Are you a Medical Service Car or Taxi/Livery Company that is not registered with the Secretary of State? If yes, provide the county clerk registration number.	Not Completed	
Have you signed an agreement authorizing you or your organization to participate as an All Kids Application Agent? If yes, enter the effective date of your participation.	Not Completed	
Are you planning to provide services reimbursable through DSA, DCF, DSCC, DSHS/DAGA, DHS/DORS, DHS/DMH, DHS/EL, DHS/GDDO. If yes, complete "Associate IICO Plan" step in Business Process Wizard.	Not Completed	

Submit Enrollment Application for Approval

Click “next” to confirm that all the information submitted as a part of the application is accurate. Read through all the terms and conditions, and check the box certifying that you agree to the terms and conditions. Then select “Submit Application”.

The application is then submitted to the IMPACT staff to review. The application number you were given at the beginning of the process can be used to check the status of the application by going through the “track application” option.

Transportation Provider Checklist

Once your application has been assigned for review, a letter from the Office of the Inspector General (OIG) outlining requirements that must be met will be sent to the email address on file. Listed below are some of the mandatory requirements that must be met (not all inclusive).

- An on-site inspection by the OIG or designated entity.
- Fingerprint-based criminal background check
- Drivers and employee attendants must complete a safety-training program approved by HFS. (Link of approved providers listed in link below)

Non-Emergency Transportation Providers are categorized as high-risk providers. Please follow the guidelines listed below to ensure your IMPACT enrollment is processed as quickly as possible. After submitting the IMPACT application, the information from the Transportation Provider Checklist <https://www.illinois.gov/hfs/SiteCollectionDocuments/NPVCheckListTransportation12062019.pdf> must be submitted. All items listed on this checklist must be submitted in one complete package within 30 business days to the following email address: Impact.Pesdocs@illinois.gov. This email is only for submitting documentation to the department and must be sent in a format of: PDF, JPG, DOC, or DOCX. Some of the Items you need to submit include:

- Current organizational chart
- Proof of current good standing status and registration with the Illinois Secretary of State
- Copy of current Workers’ Compensation insurance; or explanation of why you do not have insurance
- Copy of one trip ticket and one page of dispatch log
- Copy of telephone bill
- List of current dispatchers, attendants, owners, etc. including full names, addresses, SSN’s, Dates of Birth
- Fingerprints of each owner, each managing officer/employee and dispatcher submitted via LIVESCAN
- Identification card or driver’s license bearing a photograph of each person listed.
- Documentation proving current registration for all vehicles
- Documentation proving current insurance coverage for all vehicles and drivers
- Documentation of appropriate plate licensure for each vehicle intended for use by provider

Once your application has been approved, a Provider Information Sheet will be sent to the correspondence address on file. This document contains information that will be needed to file and submit claims. Do not disregard this document.

Safety Training Certification Requirement

All providers of non-emergency medicar and service car transportation are required under [Public Act 95-501](#) and Administrative Code [89 Ill. Adm. Code 140.490\(f\)](#) to certify that all drivers and employee attendants have completed safety training certification every three years. Medicar and service car providers receiving federal funding under 49 U.S.C. 5307 or 5311, are not subject to the safety training program certification requirement during the period of federal funding. Documentation of the federal funding must be made available to the Illinois Department of Healthcare and Family Services upon request.

The current list of State of Illinois Medicaid approved safety training providers is on the HFS website located at: <https://www.illinois.gov/hfs/impact/Pages/SafetyTraining.aspx>.

Modifications

Once your application has been approved, any updates to your enrollment must be done by submitting a modification. A step-by-step presentation to submit a modification can be found at: <https://www2.illinois.gov/hfs/impact/Documents/IMPACTEnrollmentModification.pdf>.